

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027691

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

77 3016 284
FILED JUL 22 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Jefferson City

Length of stay in 1b

6 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St Mary's Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Osage

c. CITY OR TOWN

LINN

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS

RR #1

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

Clara Marie Bassaller

4. DATE OF DEATH

Month

Day

Year

July 16, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married

☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

Feb 29, 1924

9. AGE (last birthday)

39

IF UNDER 1 YEAR

Months

Days

Hours

Min.

4 17

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Osage County, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Christine Stroe

14. NAME OF HUSBAND OR WIFE

Louis A. Bassaller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Louis A. Bassaller, LINN, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

2 Traumatic shock & internal hemorrhage
Ruptured & lacerated liver, punctured
R. lung, multiple rib fractures

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Struck by a car

20c. TIME OF INJURY

Hour a.m. 11

Month, Day, Year 7-11-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

farm

20f. CITY, TOWN, OR LOCATION

RR #1 Linn

COUNTY

Osage

STATE

Mo.

21. I attended the deceased from

July 11

to

July 16-63

and last saw her alive on

July 16-63

Death occurred at 10:15

A. M. on the

date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE

[Signature]

(Degree or title)

22b. ADDRESS

Prof. City - Mo.

22c. DATE SIGNED

7-17-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-19-1963

23c. NAME OF CEMETERY OR CREMATORY

St. Georges Catholic

23d. LOCATION (City, town, or county)

LINN, Mo

(State)

24. FUNERAL DIRECTOR

Morton Funeral Service, LINN, Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

17 July 1963

26. REGISTRAR'S SIGNATURE

Thomas E. Richter

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 24 1963

PJ50
10050

1
1
0
1

250
0-5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Lima Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.